

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MENTAL HEALTH AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information (Protected Health Information – PHI) used or disclosed to us in any form, whether electronically, orally, or on paper be kept confidential. This federal law gives you, the patient, significant rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Uses and Disclosures for Treatment, Payment and Health Care Operations

Your counselor may use or disclose your protected health information (PHI) for treatment, payment, and healthcare operations purposes with your consent. To help clarify these terms, here are some examples:

- *PHI* – refers to information in your health record that could identify you.
- *Treatment* – this is when your counselor provides, coordinates or arranges your health care and other services related to your health care. An example of treatment would be when your counselor consults with another health care provider, such as your family physician or another psychotherapist. *Payment* – is when you obtain reimbursement for your healthcare. Examples are if your counselor discloses your PHI to your health insurance for reimbursement for health care.
- *Health Care Operations* – are activities that relate to the performance and operation of your counselor’s practice. Examples of health care operations are quality assessment and improvement activities, business related matters such as audits, administrative services, case management and care coordination.
- *Use* – applies only to activities within your counselor’s [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.
- *Disclosure* – applies to activities outside of your counselor’s [office, clinic, practice group, etc.] such as releasing, transferring or providing access to information about you to other parties.

Your counselor may use or disclose PHI for purposes outside of treatment, payment or health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when your counselor is asked for information for purposes outside of treatment, payment or health care operations, your counselor will obtain an authorization from you before releasing this information. Your counselor will also need to obtain an authorization before releasing your Psychotherapy Notes. Psychotherapy Notes are notes your counselor has made about your conversation during a private, group, joint, or family counseling session, which your counselor has kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that: (a) your counselor has relied on that authorization; or (b) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

Uses and Disclosures with Neither Consent nor Authorization

Your counselor may use or disclose PHI without your consent or authorization concerning issues such as:

Child Abuse – If your counselor has reasonable cause to know or suspect that a child has been subjected to abuse or neglect, your counselor must immediately report this to the appropriate authorities.

Adult and Domestic Abuse – If your counselor has reasonable cause to believe that an at-risk adult has been mistreated, self-neglected, or financially exploited and is at imminent risk of mistreatment, self-neglect, or financial exploitation, then your counselor must report this belief to the appropriate authorities.

Health Oversight Activities – If the Grievance Board for Unlicensed Psychotherapists or an unauthorized professional review committee is reviewing my services, your counselor may disclose PHI to that board or committee.

Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and your counselor will not release information without your written authorization or a court order. The privilege does not apply when you are being evaluated by a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

Serious Threat to Health or Safety – If you communicate to your counselor a serious threat of imminent physical violence against a specific person or persons, your counselor has a duty to notify any person or persons specifically threatened, as well as a duty to notify an appropriate law enforcement agency or by taking other appropriate action. If your counselor believes that you are at imminent risk of inflicting serious harm on yourself, your counselor may disclose information necessary to protect you. In either case, your counselor may disclose information in order to initiate hospitalization.

Workers Compensation – your counselor may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker’s compensation or other similar programs, established by law, that provides benefits for work-related injuries or illness without regard to fault.

Patient's Rights and Counselor's Duties

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information regarding you. However, your counselor is not required to agree to restriction per your request.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing your counselor, on your request your counselor will send your bills to another address.)

Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in your counselor's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Your counselor may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, your counselor will discuss with you the detail of the request and denial process.

Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your counselor may deny your request. On your request, your counselor will discuss with you the details of the amendment process.

Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI. On your request, your counselor will discuss with you the details of the accounting process.

Right to a Paper Copy – You have the right to obtain a paper copy of the notice from your counselor upon request, even if you have agreed to receive the notice electronically.

Counselor's Duties

Your counselor is required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

Your counselor reserves the right to change the privacy policies and practices described in this notice. Unless your counselor notifies you of such changes, however, your counselor is required to abide by the terms currently in effect.

If there are revisions to policies and procedures, you will be notified by mail.

Questions and Complaints

If you have questions about this notice, disagree with a decision your counselor makes about access to your records, or have other concerns about your privacy rights, you are encouraged to discuss this with your counselor prior to your first session.

If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to:

Ipsesity Counseling Clinic
Attn: Allison C. Gary
300 S. Jackson St, suite 200
Denver, CO 80206

For more information about HIPAA or to file a formal complaint:

U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Ave. S. W.
Washington, D.C. 20201
877-696-6775

Department of Regulatory Agencies (DORA)
Licensed Professional Counselors
1560 Broadway #1545
Denver, CO 80202
303-894-7855

Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect January 1, 2019. Allison C. Gary reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that your counselor maintains. You will be provided with a revised notice by mail within ten business days prior to any changes.

Acknowledgement of Receipt

I have read the above terms and understand them as stated. I have been informed of my therapist's policies and practices to protect the privacy of my health information.

Name (please print): _____

Signature: _____ Date: _____

I am a parent or legal guardian of _____ (client name). I have received a copy of the Notice of Privacy Practices effective January 1, 2019.

Name (please print): _____

Relationship to Patient: Parent Legal Guardian

Signature: _____ Date: _____

Name (please print): _____

Relationship to Patient: Parent Legal Guardian

Signature: _____ Date: _____